



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
P.O. Box 4369, Seattle, Washington 98104, Fax 206-341-7930



CHILD ABUSE AND NEGLECT INFORMATION REQUEST

A. REQUEST FOR RECORDS BY WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES STAFF:			
REQUESTING SOCIAL WORKER'S NAME LAST		FIRST	TITLE
REGION		OFFICE	
MAILING ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)		E-MAIL ADDRESS
B. SIGNATURE OF REQUESTOR:			
REQUESTED BY (SIGNATURE)			DATE SIGNED
REQUESTED BY (PRINT NAME)			
C. AUTHORIZATION TO DISCLOSE RECORDS OF:			
NAME LAST	FIRST		MIDDLE
DATE OF BIRTH	FORMER NAME/S		SOCIAL SECURITY NUMBER
STATE AND COUNTY OF FORMER RESIDENCE		DATES OF RESIDENCY IN STATE/COUNTY	
PREVIOUS STREET ADDRESS		PREVIOUS CITY, STATE, ZIP	
PREVIOUS STREET ADDRESS		PREVIOUS CITY, STATE, ZIP	
PREVIOUS STREET ADDRESS		PREVIOUS CITY, STATE, ZIP	
D. AUTHORIZATION:			
(SIGNATURE)			DATE SIGNED
(PRINT NAME)			
<u>BY SIGNING THE ABOVE I AUTHORIZE THE RELEASE OF INFORMATION RELATED TO ALLEGATIONS OF CHILD ABUSE AND NEGLECT TO THE STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES.</u>			

Federal law (42 U.S.C. 671(a)(20)) requires that a state agency placing a child in out of home care request Child Abuse and Neglect Registry information from any State in which any adult living in the home has resided in the preceding 5 years, before final approval of the placement.